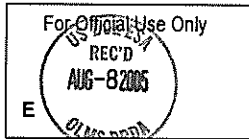


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 5136	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> MICHAEL <input type="text"/> L <input type="text"/> BRADEN P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 6 GREEN STREET City <input type="text"/> ROME State <input type="text"/> Georgia ZIP Code + 4 <input type="text"/> 30161	4. Name, file number, and address of labor organization. Name <input type="text"/> I.B.E.W. LOCAL 613 Labor Organization File Number <input type="text"/> 026-932 P.O. Box, Building and Room Number, if any <input type="text"/> SUITE 250 Street <input type="text"/> 501 PULLIAM STREET City <input type="text"/> ATLANTA State <input type="text"/> Georgia ZIP Code + 4 <input type="text"/> 30312-2749
5. Position in labor organization. <input type="text"/> PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/> \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> 8-2-05 Date	<input type="text"/> 404-523-8107 Telephone Number

Name of Person Filing MICHAEL BRADEN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="I.B.E.W. LOCAL 613"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="SUITE 250"/></p> <p>Street <input style="width: 80%;" type="text" value="501 PULLIAM STREET"/></p> <p>City <input style="width: 80%;" type="text" value="ATLANTA"/></p> <p>State <input style="width: 20%;" type="text" value="Georgia"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="30312-2749"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="LOCAL 613 AND CONTRIBUTING EMPLOYERS BENEFIT"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="SUITE 106, BLDG 9"/></p> <p>Street <input style="width: 80%;" type="text" value="2187 NORTHLAKE DRIVE"/></p> <p>City <input style="width: 80%;" type="text" value="TUCKER"/></p> <p>State <input style="width: 20%;" type="text" value="Georgia"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="30084"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"> REIMBURSEMENT OF CONFERENCE EXPENSES ATTENDED AS A TRUSTEE ON BEHALF OF THE BENEFIT FUNDS. </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$1,691"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text" value="\$0"/></p>